

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

Handwritten: 11672, 513-00, 7-11-00

### INDEX OF CLAIMS

✓ Rejected N  
 = Allowed I  
 (Through numeral) Canceled A  
 Restricted O  
 Nonrelected  
 Interference  
 Appeal  
 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     |       |          |      |
| 2     |       |          |      |
| 3     |       |          |      |
| 4     |       |          |      |
| 5     |       |          |      |
| 6     |       |          |      |
| 7     |       |          |      |
| 8     |       |          |      |
| 9     |       |          |      |
| 10    |       |          |      |
| 11    |       |          |      |
| 12    |       |          |      |
| 13    |       |          |      |
| 14    |       |          |      |
| 15    |       |          |      |
| 16    |       |          |      |
| 17    |       |          |      |
| 18    |       |          |      |
| 19    |       |          |      |
| 20    |       |          |      |
| 21    |       |          |      |
| 22    |       |          |      |
| 23    |       |          |      |
| 24    |       |          |      |
| 25    |       |          |      |
| 26    |       |          |      |
| 27    |       |          |      |
| 28    |       |          |      |
| 29    |       |          |      |
| 30    |       |          |      |
| 31    |       |          |      |
| 32    |       |          |      |
| 33    |       |          |      |
| 34    |       |          |      |
| 35    |       |          |      |
| 36    |       |          |      |
| 37    |       |          |      |
| 38    |       |          |      |
| 39    |       |          |      |
| 40    |       |          |      |
| 41    |       |          |      |
| 42    |       |          |      |
| 43    |       |          |      |
| 44    |       |          |      |
| 45    |       |          |      |
| 46    |       |          |      |
| 47    |       |          |      |
| 48    |       |          |      |
| 49    |       |          |      |
| 50    |       |          |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    |       |          |      |
| 52    |       |          |      |
| 53    |       |          |      |
| 54    |       |          |      |
| 55    |       |          |      |
| 56    |       |          |      |
| 57    |       |          |      |
| 58    |       |          |      |
| 59    |       |          |      |
| 60    |       |          |      |
| 61    |       |          |      |
| 62    |       |          |      |
| 63    |       |          |      |
| 64    |       |          |      |
| 65    |       |          |      |
| 66    |       |          |      |
| 67    |       |          |      |
| 68    |       |          |      |
| 69    |       |          |      |
| 70    |       |          |      |
| 71    |       |          |      |
| 72    |       |          |      |
| 73    |       |          |      |
| 74    |       |          |      |
| 75    |       |          |      |
| 76    |       |          |      |
| 77    |       |          |      |
| 78    |       |          |      |
| 79    |       |          |      |
| 80    |       |          |      |
| 81    |       |          |      |
| 82    |       |          |      |
| 83    |       |          |      |
| 84    |       |          |      |
| 85    |       |          |      |
| 86    |       |          |      |
| 87    |       |          |      |
| 88    |       |          |      |
| 89    |       |          |      |
| 90    |       |          |      |
| 91    |       |          |      |
| 92    |       |          |      |
| 93    |       |          |      |
| 94    |       |          |      |
| 95    |       |          |      |
| 96    |       |          |      |
| 97    |       |          |      |
| 98    |       |          |      |
| 99    |       |          |      |
| 100   |       |          |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   |       |          |      |
| 102   |       |          |      |
| 103   |       |          |      |
| 104   |       |          |      |
| 105   |       |          |      |
| 106   |       |          |      |
| 107   |       |          |      |
| 108   |       |          |      |
| 109   |       |          |      |
| 110   |       |          |      |
| 111   |       |          |      |
| 112   |       |          |      |
| 113   |       |          |      |
| 114   |       |          |      |
| 115   |       |          |      |
| 116   |       |          |      |
| 117   |       |          |      |
| 118   |       |          |      |
| 119   |       |          |      |
| 120   |       |          |      |
| 121   |       |          |      |
| 122   |       |          |      |
| 123   |       |          |      |
| 124   |       |          |      |
| 125   |       |          |      |
| 126   |       |          |      |
| 127   |       |          |      |
| 128   |       |          |      |
| 129   |       |          |      |
| 130   |       |          |      |
| 131   |       |          |      |
| 132   |       |          |      |
| 133   |       |          |      |
| 134   |       |          |      |
| 135   |       |          |      |
| 136   |       |          |      |
| 137   |       |          |      |
| 138   |       |          |      |
| 139   |       |          |      |
| 140   |       |          |      |
| 141   |       |          |      |
| 142   |       |          |      |
| 143   |       |          |      |
| 144   |       |          |      |
| 145   |       |          |      |
| 146   |       |          |      |
| 147   |       |          |      |
| 148   |       |          |      |
| 149   |       |          |      |
| 150   |       |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here